



AlzPED: A New Data Resource for Improving the Rigor, Reproducibility, Transparency and Translation of Alzheimer's Disease Preclinical Research

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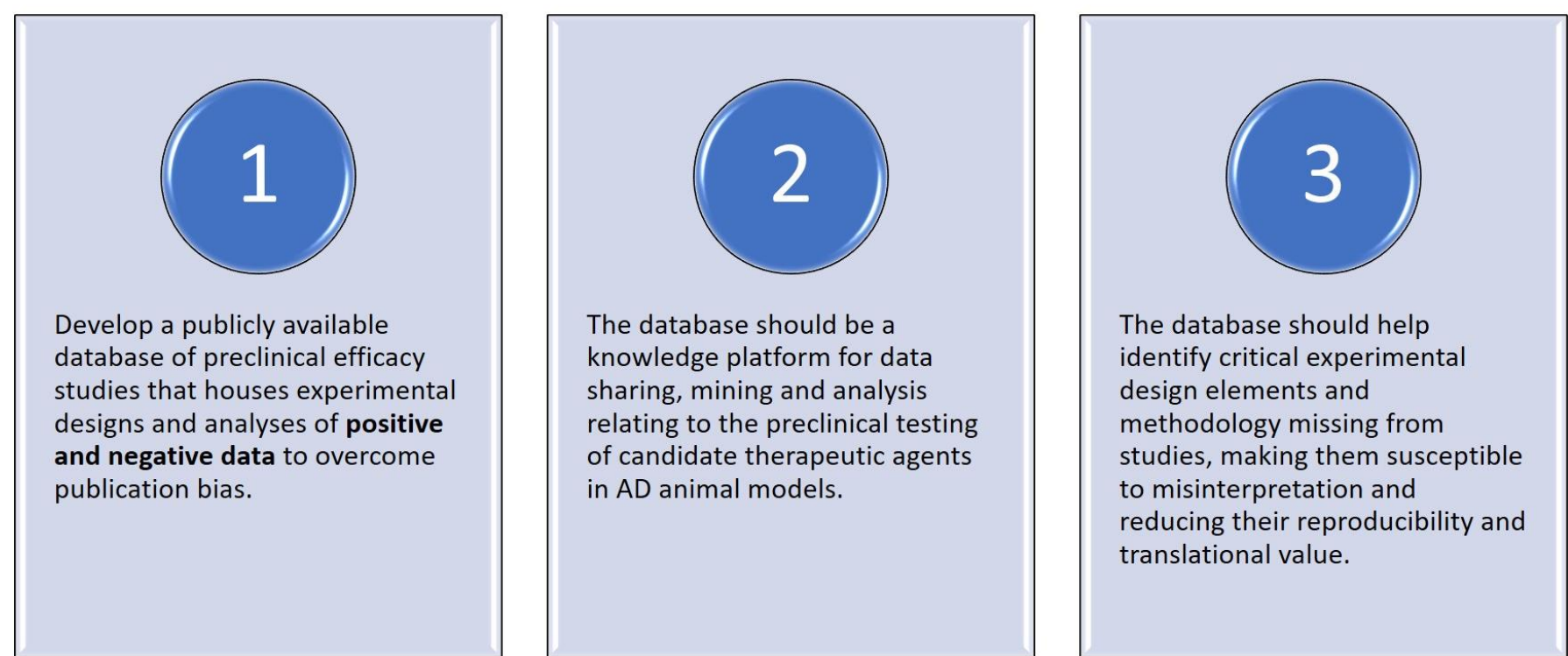
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BACKGROUND

A major challenge to the successful development of therapies for Alzheimer's disease (AD) is the poor translation of preclinical efficacy from animal models to the clinic. Key contributing factors to the unsuccessful translation of therapeutic efficacy include:

- the failure of animal models to fully recapitulate human AD,
- poor rigor in study design, methodology and data analysis,
- failure to match outcome measures used in preclinical animal studies and clinical studies,
- poor reproducibility of published data, and
- publication bias in favor of reporting positive findings and under reporting negative findings.

To address key factors contributing to poor translation of preclinical efficacy from animal models to the clinic in AD therapy development, several advisory meetings and workshops including the National Institutes of Health (NIH) AD Summits in 2012 and 2015 were held. In response to expert recommendations from these meetings, the National Institute on Aging (NIA) and the NIH Library have created an open science knowledge portal – the **Alzheimer's Disease Preclinical Efficacy Database** or **AlzPED**. Through the following capabilities, AlzPED is intended to guide the development and implementation of strategies and recommendations for standardized best practices for the rigorous preclinical testing of AD candidate therapeutics:



CAPABILITIES AND SCOPE

AlzPED has the following capabilities:

- Provides researchers and information scientists with a facile way to survey existing AD preclinical therapy development literature and raise awareness about the **elements of rigorous study design** and **requirements for transparent reporting**.
- Currently hosts curated summaries from **917** preclinical efficacy studies published between 1996 and 2019.
- Influences the development and implementation of reproducibility strategies including guidelines for standardized best practices for the rigorous preclinical testing of AD candidate therapeutics.
- Provides search capability across relevant translational criteria data sets and external databases:
 - Therapy Type (**14 therapy types**)
 - Therapeutic Agent (**804 agents**)
 - Therapeutic Target (**167 targets**)
 - Animal Model (**174 models**)
 - Principal Investigator
 - Funding Source
 - Related Publications (**PubMed**)
 - Therapeutic Agents (**PubChem and DrugBank**)
 - Therapeutic Targets (**Open Targets and Pharos**)
 - Animal Model (**Alzforum**)
 - Related Clinical Trials (**ClinicalTrials.gov**)
 - Related Patents (**Google Patents and USPTO**)

- Provides funding agencies with a tool for enforcement of requirements for transparent reporting and rigorous study design.

- Provides a platform for creating **citable reports/preprints of unpublished studies**, including studies with **negative data**.

- Reports on the rigor of each study by summarizing the elements of experimental design.**

A CURATED RECORD IN AlzPED

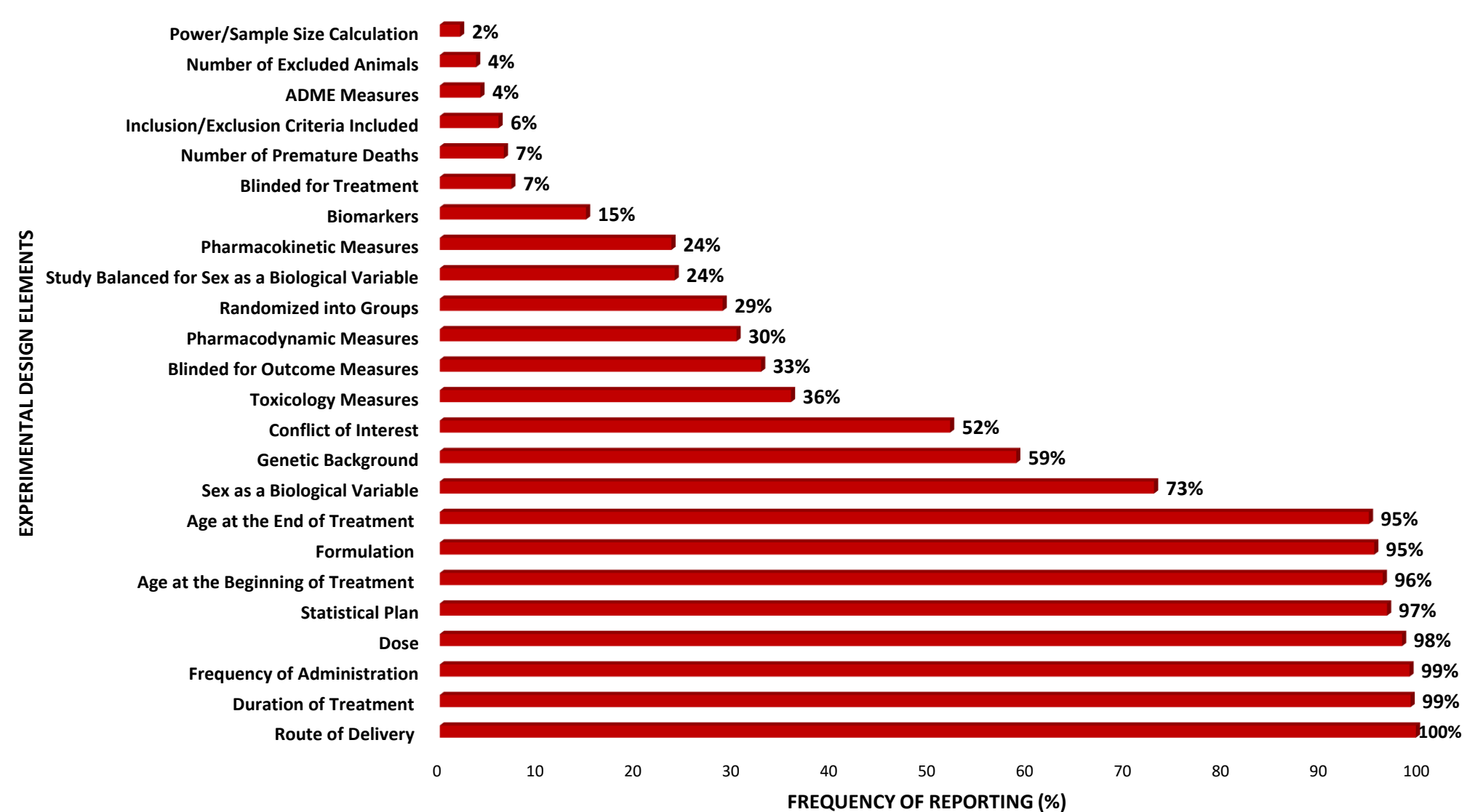
EXAMPLE OF RIGOROUS STUDY DESIGN

BIBLIOGRAPHIC	THERAPEUTIC AGENT	ANIMAL MODEL	EXPERIMENTAL DESIGN	OUTCOMES
Bibliographic				
Year of Publication: 2019				
Contact PI Name: Michal Schwartz				
Contact PI Affiliation: Department of Neurobiology, Weizmann Institute of Science, Rehovot, Israel.				
Co-Author: Neta Rosenzweig, Raz Dvir-Sternfeld, Afroditi Taitso-Kampell, Hadas Keren-Shaul, Hila Ben-Yehuda, Pierre Welli-Raynal, Liora Cahalon, Alex Kertser, Kuti Baruch, Ido Amit, Assaf Weiner				
Primary Reference (PubMed ID): 30692527#				
Funding Source: EU Seventh Framework Program Israel Science Foundation (ISF) ISF-Legacy Heritage Biomedical Science Partnership-research grant Advanced European Research Council				
Study Goal and Principal Findings: Alzheimer's disease (AD) is a heterogeneous disorder with multiple etiologies. Harnessing the immune system by blocking the programmed cell death receptor (PD-1) pathway in an amyloid beta mouse model was shown to evoke a sequence of immune responses that lead to disease modification. Here, blocking PD-1, a PD-1 ligand, was found to have similar efficacy to that of PD-1 blocking in disease modification, in both animal models of AD and of tauopathy. Targeting PD-1 in a tau-driven disease model resulted in increased immunomodulatory monocyte-derived macrophages within the brain parenchyma. Single cell RNA-seq revealed that the homing macrophages expressed unique scavenger molecules including macrophage scavenger receptor 1 (MSR1), which was shown here to be required for the effect of PD-1 blockade in disease modification. Overall, our results demonstrate that immune checkpoint blockade targeting the PD-1/PD-L1 pathway leads to modification of common factors that go awry in AD and dementia, and thus can potentially provide an immunotherapy to help combat these diseases.				
Therapeutic Agent				
Therapeutic Information:				
Therapy Type: Biologic - Immunotherapy(passive)				
Therapeutic Agent: anti-PD-1 Antibody				
Therapeutic Target: Programmed Cell Death Protein 1 (PD-1)				
Open Targets# Pharos#				
Therapy Type: Biologic - Immunotherapy(passive)				
Therapeutic Agent: anti-PD-L1 Antibody				
Therapeutic Target: Programmed Death-Ligand 1 (PD-L1)				
Open Targets# Pharos#				
Animal Model				
Model Information:				
Species: Mouse				
Model Type: APPxPS1				
Model Name: 5XFAD ALZFORUM#				
Strain/Genetic Background: C57BL/6 x SJL				
Species: Mouse				
Model Type: Tau				
Model Name: DM-hTAU PubMed#				
Strain/Genetic Background: BALB/c-C57/BL6				
Experimental Design				
Is the following information reported in the study?:				
<input checked="" type="checkbox"/> Power/Sample Size Calculation				
<input checked="" type="checkbox"/> Blinded for Treatment				
<input checked="" type="checkbox"/> Pharmacokinetic Measures				
<input checked="" type="checkbox"/> Toxicology Measures				
<input checked="" type="checkbox"/> Biomarkers				
<input checked="" type="checkbox"/> Formulation				
<input checked="" type="checkbox"/> Duration of Treatment				
<input checked="" type="checkbox"/> Age of Animal at the Beginning of Treatment				
<input checked="" type="checkbox"/> Sex as a Biological Variable				
<input checked="" type="checkbox"/> Number of Premature Deaths				
<input checked="" type="checkbox"/> Statistical Plan				
<input checked="" type="checkbox"/> Inclusion/Exclusion Criteria Included				
<input checked="" type="checkbox"/> Randomized into Groups				
<input checked="" type="checkbox"/> Blinded for Outcome Measures				
<input checked="" type="checkbox"/> Pharmacodynamic Measures				
<input checked="" type="checkbox"/> ADME Measures				
<input checked="" type="checkbox"/> Dose				
<input checked="" type="checkbox"/> Route of Delivery				
<input checked="" type="checkbox"/> Frequency of Administration				
<input checked="" type="checkbox"/> Age of Animal at the End of Treatment				
<input checked="" type="checkbox"/> Study Balanced for Sex as a Biological Variable				
<input checked="" type="checkbox"/> Genetic Background				
<input checked="" type="checkbox"/> Conflict of Interest				
Outcomes				
Outcome Measured				
Behavioral				
• Radial Arm Water Maze				
• T-Maze				
• Y-Maze				
Histopathology				
• Neuronal Loss				
• Colocalization-astrocytes/microglia/amyloid plaques				
• Activated Microglia				
• beta amyloid deposits				
• beta amyloid load				
Biochemical				
• Glial Fibrillary Acidic Protein (GFAP)				
• IL-10 mRNA				
• IL-12p40 mRNA				
• Tumor Necrosis Factor alpha (TNF alpha)				
• IL-6 mRNA				
• IL-1 beta mRNA				
• Ionized Calcium Binding Adaptor Molecule 1 (Iba1)				
Immunocytochemistry				
• Neuronal Marker NeuN				
• Caspase 3				
• Glial Fibrillary Acidic Protein (GFAP)				
• Amyloid Plaques				
• Synaptophysin				
• IL-1 beta				
• Ionized Calcium Binding Adaptor Molecule 1 (Iba1)				
• phospho-Tau				
• Tau Protein				
• Macrophage scavenger receptor 1 (MSR1)				
Microscopy				
• Cell Survival				
• Cell Viability				
Omics				
• Whole Transcriptome Analysis				

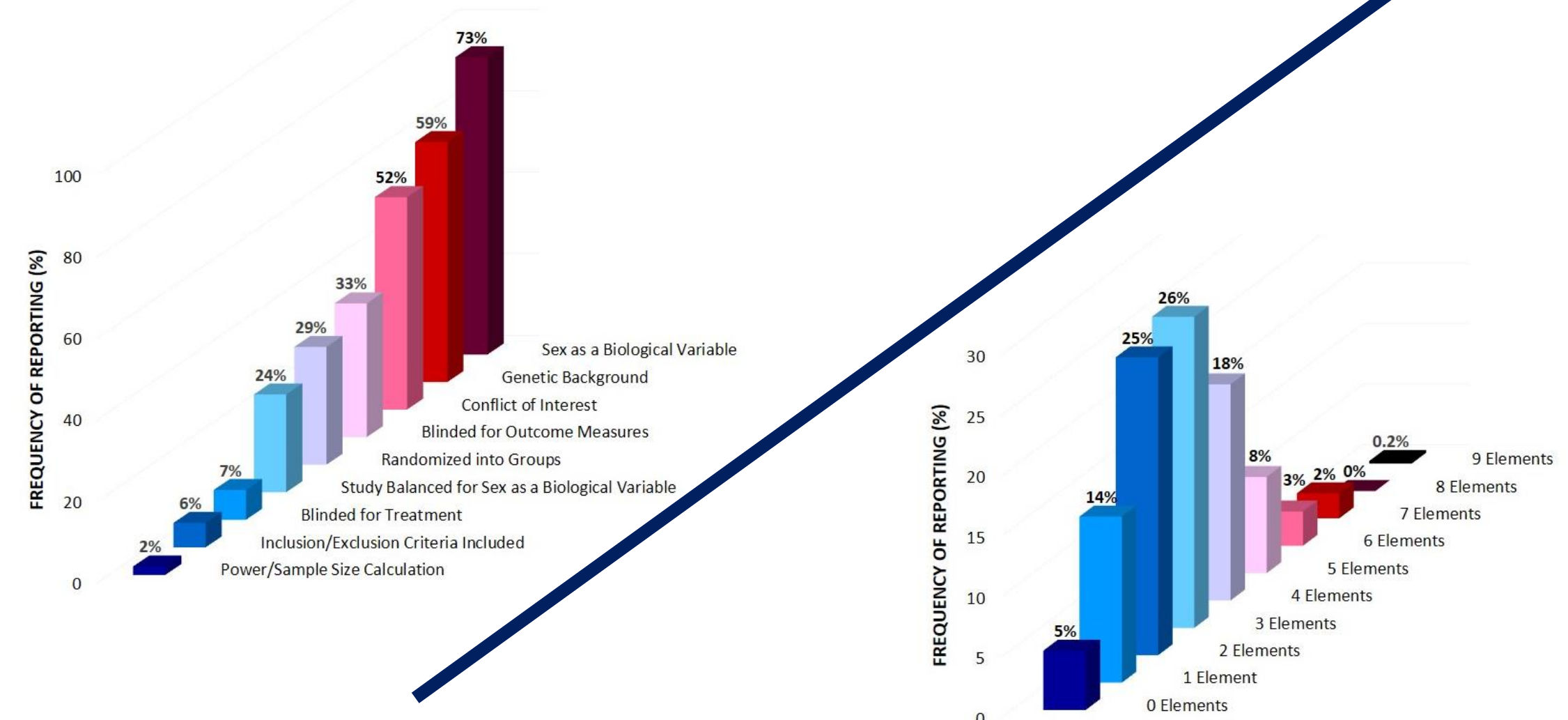
ANALYTICS

KEY ELEMENTS OF RIGOROUS EXPERIMENTAL DESIGN

9 CORE ELEMENTS OF RIGOROUS EXPERIMENTAL DESIGN

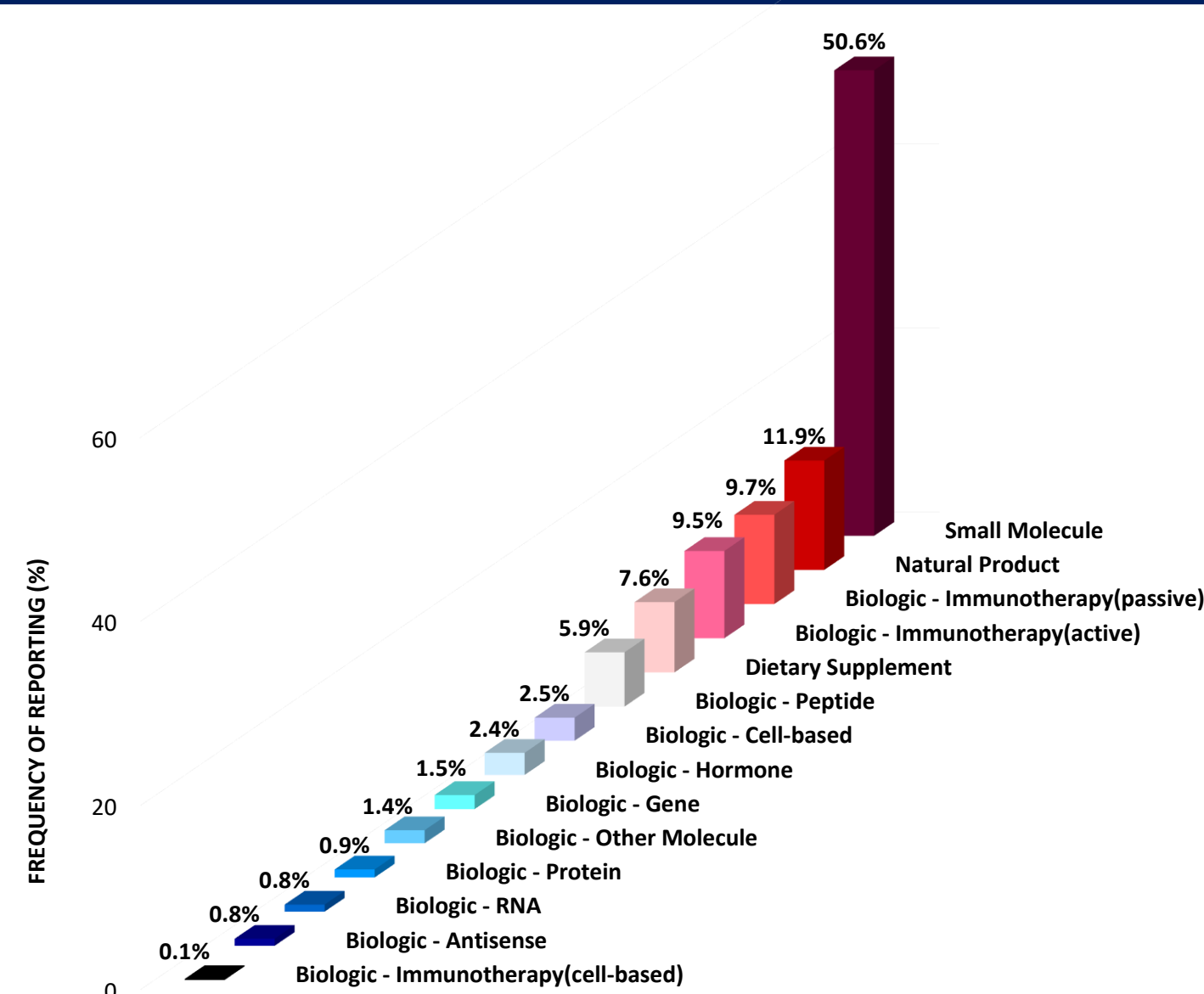


There is considerable variation in the frequency of reporting the 24 recommended elements of experimental design that improve the reproducibility and translational value of preclinical efficacy research. Data are presented as percentages calculated from 917 published preclinical efficacy studies published between 1996 and 2019 and curated in AlzPED.

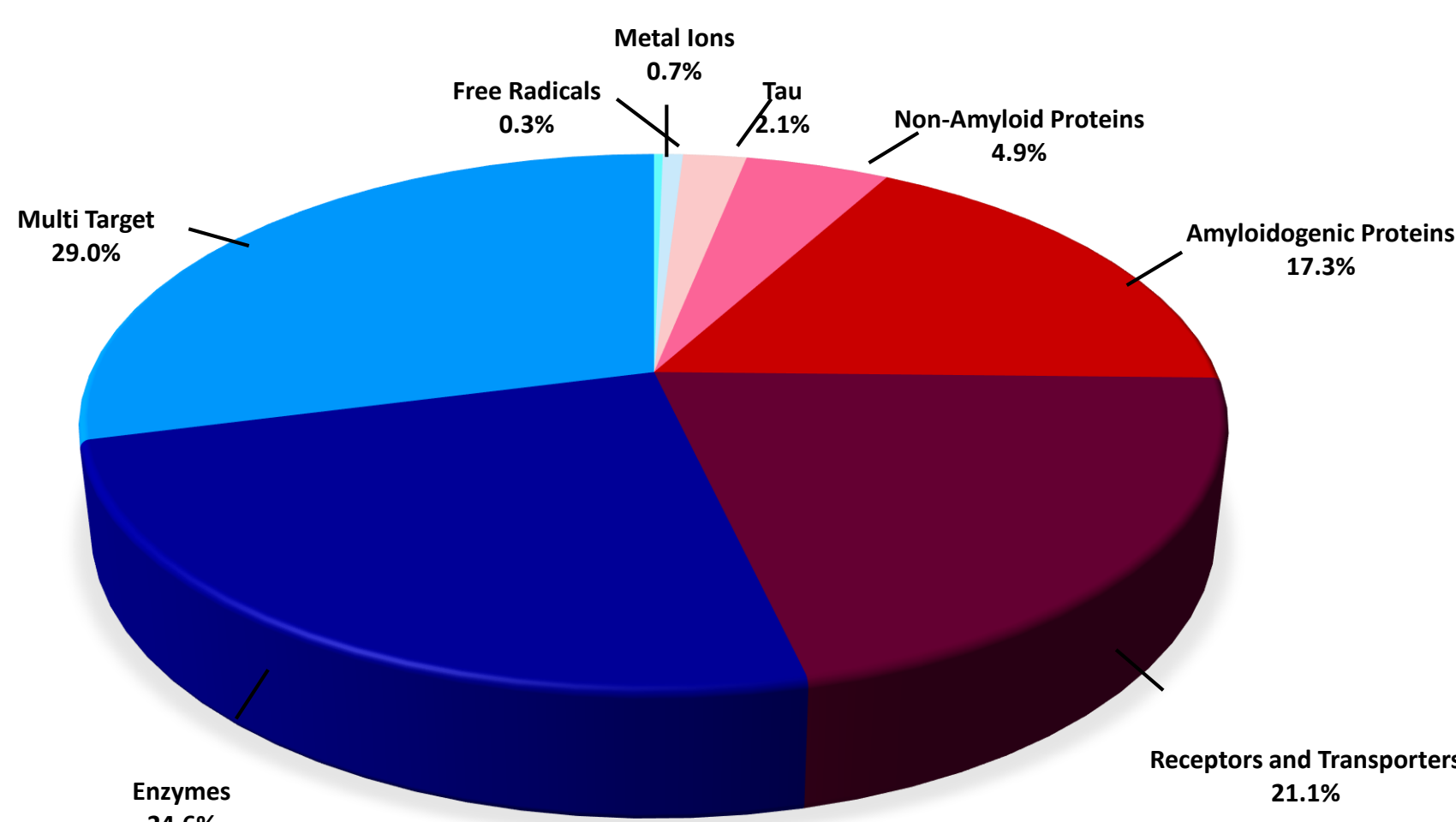


LEFT: 9 CORE elements of experimental design that are critical for scientific rigor and reproducibility are poorly reported in preclinical research. **RIGHT:** Few studies report more than 5 core design elements, most reporting only 2-4 core design elements.

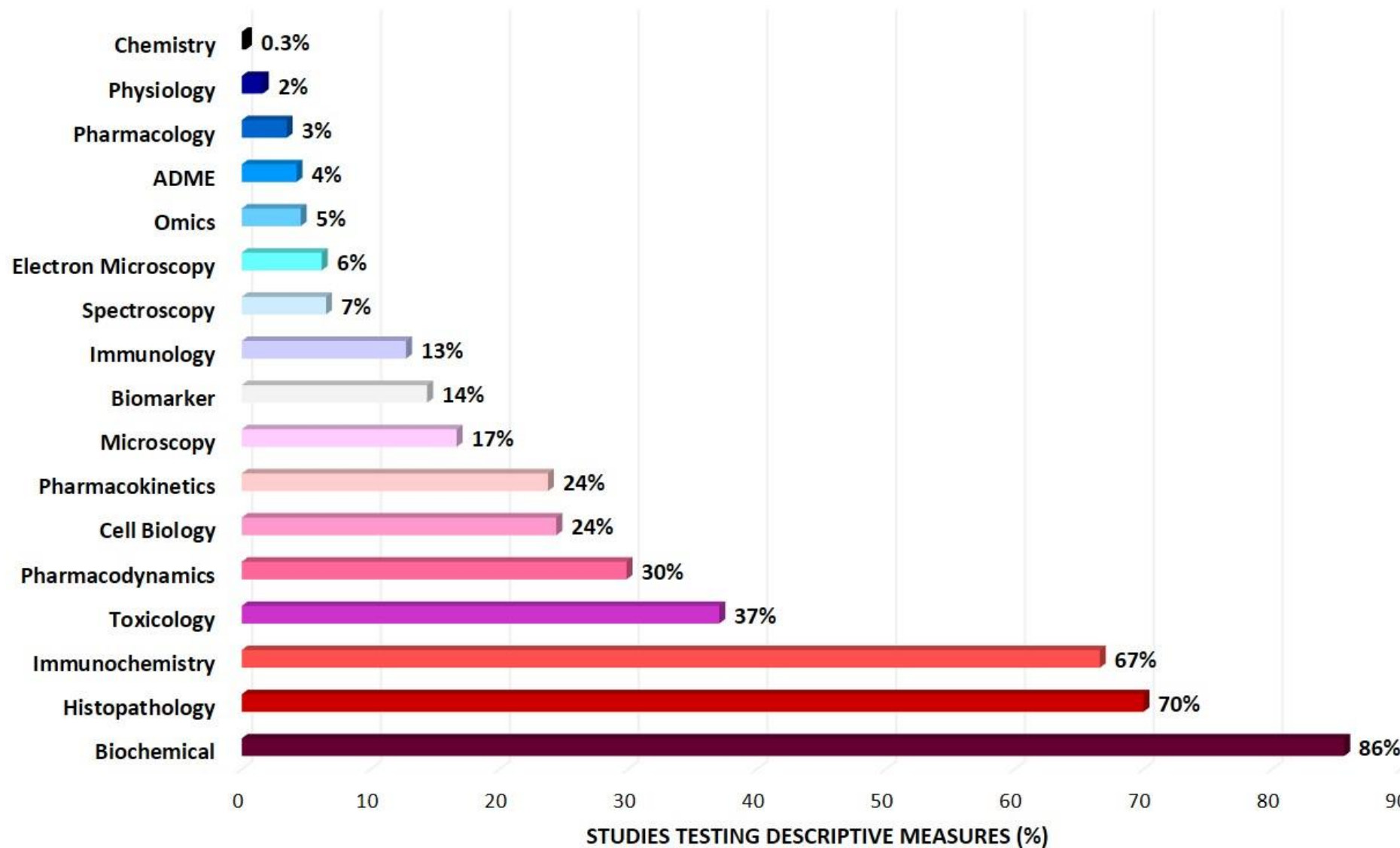
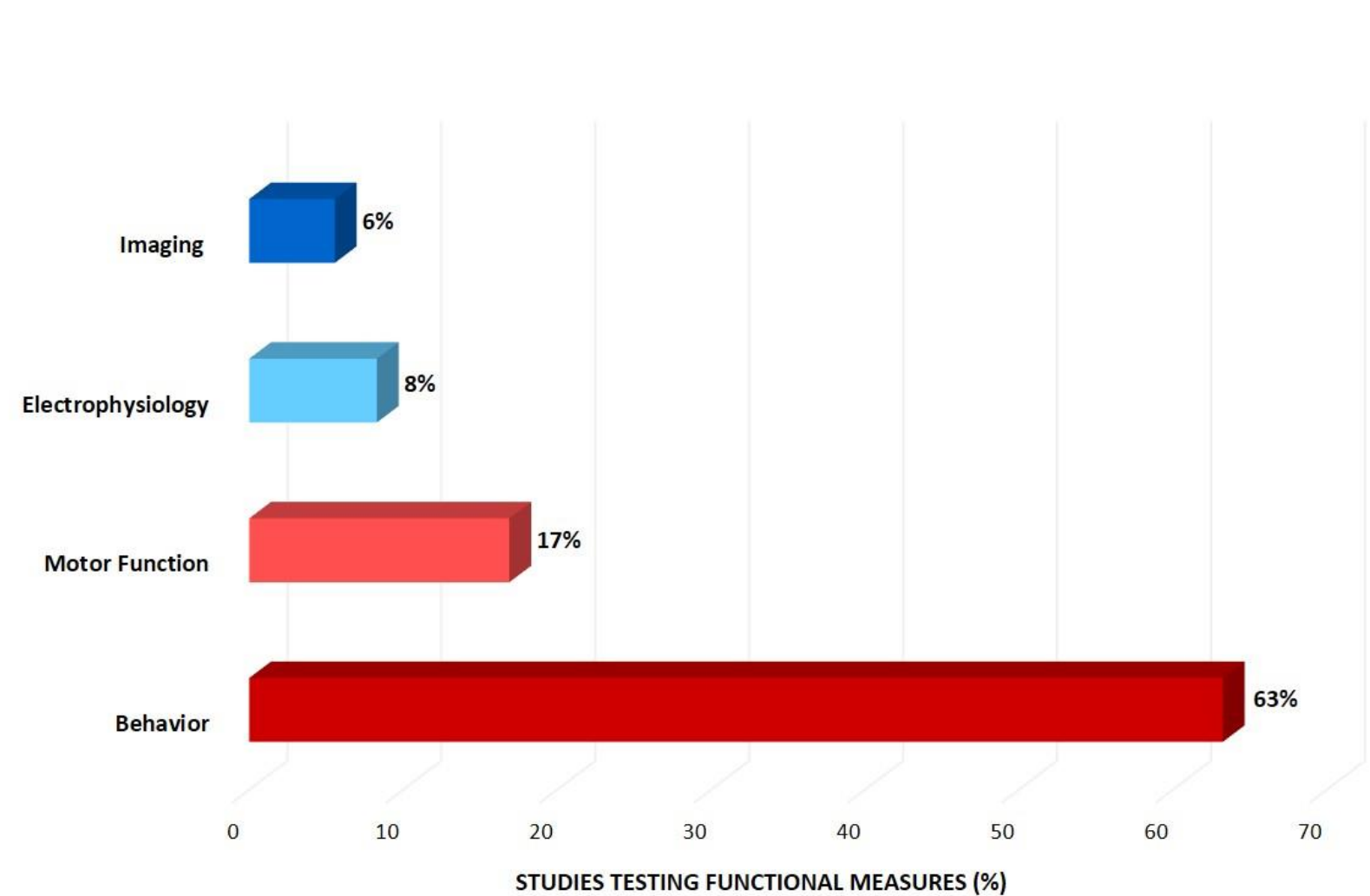
THERAPEUTICS: AGENTS AND TARGETS



LEFT: 804 therapeutic agents are catalogued in 14 categories. **RIGHT:** 167 therapeutic targets are catalogued in 8 categories. Data are presented as percentages calculated from 917 published preclinical efficacy studies published between 1996 and 2019 and curated in AlzPED.

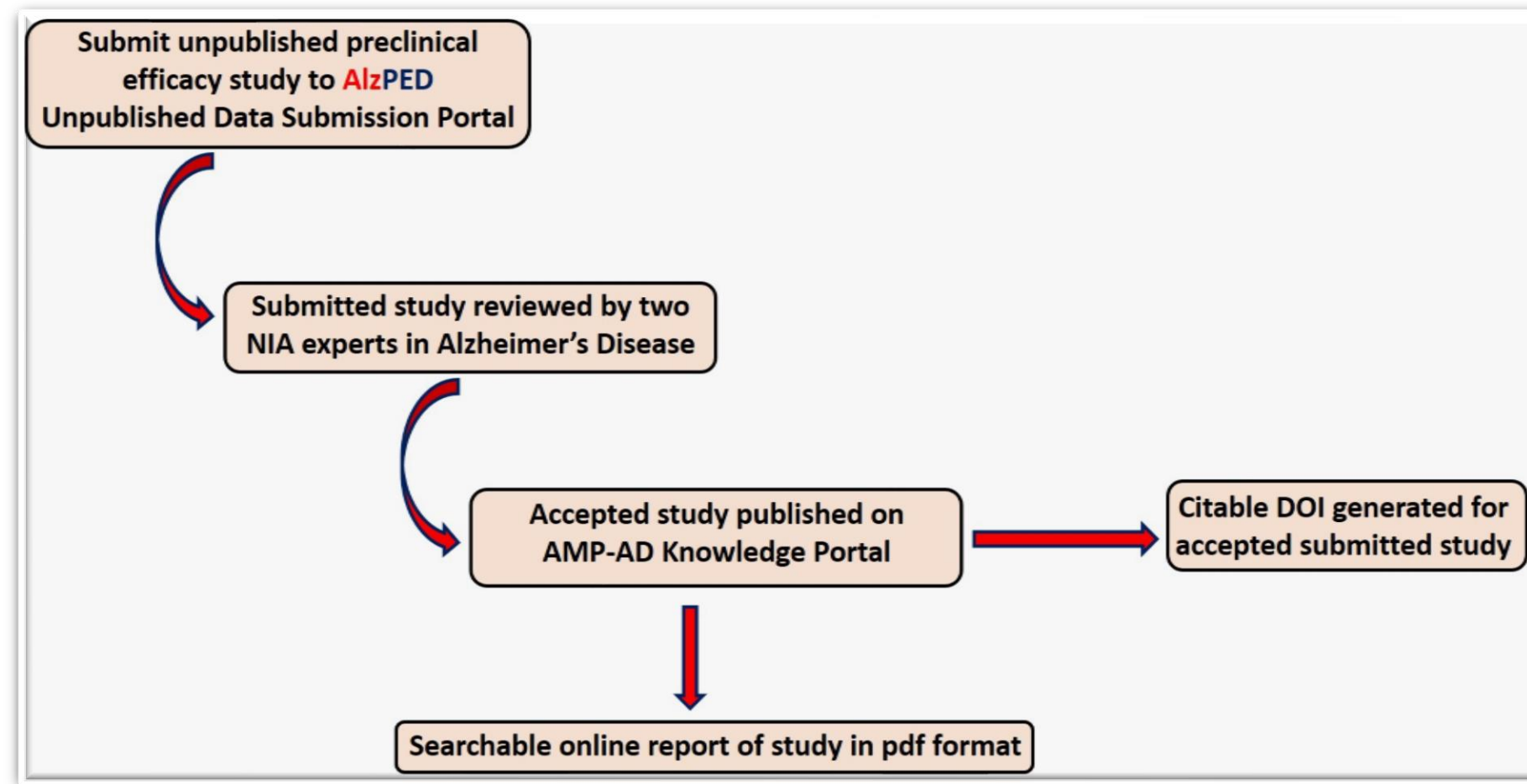


OUTCOME MEASURES: FUNCTIONAL AND DESCRIPTIVE



Each curated study provides a snapshot of the measures tested and outcomes achieved in response to the therapeutic agent tested. AlzPED defines 21 different outcome measures that are categorized as **LEFT:** Functional or **RIGHT:** Descriptive. More than 1500 AD-related outcome measures are catalogued in AlzPED. Data are presented as percentages calculated from 917 published preclinical efficacy studies published between 1996 and 2019 and curated in AlzPED.

UNPUBLISHED STUDY SUBMISSION PORTAL



Overview of the submission process for unpublished studies including negative data. Accepted studies are published in the AMP-AD Knowledge Portal. The Digital Object Identifier (DOI) provided is citable in grant applications and peer-reviewed publications.

SUMMARY

In summary:

- Analysis of curated studies in AlzPED, demonstrates serious deficiencies in reporting critical elements of methodology such as power calculation, blinding for treatment/outcomes, randomization, sex of animal used and balancing for sex, animal genetic background and others.
- These deficiencies in study design and methodology diminish the scientific rigor, reproducibility and translational value of the preclinical studies.
- It is evident that a standardized set of best practices is required for successful translation of therapeutic efficacy in AD research.